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FINAL

HCFA MARKET RESEARCH FOR BENEFICIARIES

INCREASING MEDICARE BENEFICIARY KNOWLEDGE THROUGH IMPROVED COMMUNICATIONS:

SUMMARY REPORT ON THE AFRICAN AMERICAN MEDICARE POPULATION

Contract #500-95-0057/Task Order 2

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ACKNOWLEDGMENTS

This report was prepared under contract to the Health Care Financing Administration (HCFA), Contract No. 500-95-0057, T.O. 2., by the primary contractor, Barents Group LLC, under the direction of Kenneth R. Cahill, Director, Barents Group, and in collaboration with Westat, Inc., and Project HOPE's Center for Health Affairs.

During the course of HCFA's Market Research for Beneficiaries project, Tom Reilly and John Meitl served as Project Officers, and Jack Fyock and Suzanne Rotwein of HCFA also contributed to the research. Barents Group would also like to thank the many other individuals and organizations who provided valuable input to this project, including Jeff Finn as outside reviewer, Mary Laschober and Susan Matthies as primary internal reviewers, and Sam Sosa, Maya Brooks, Rhonda Jackson, and Regina Graham for their administrative support. The project also greatly benefited from the many focus group participants and representatives of the numerous organizations interviewed for the inventory research. Without their cooperation, this work would not have been possible.

The primary author of this report is Mary Laschober, Manager, Barents Group. The report is a synthesis of findings from three other reports prepared under HCFA's Market Research for Beneficiaries contract:

- *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Inventory Research Findings for African-American, Hispanic American, Medicare/Medicaid Dual Eligible, Rural, and About-To-Enroll Beneficiaries,* written by Kenneth R. Cahill, Myra Tanamor, and Lisa Green of Barents Group; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, July 1998].
- *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Focus Group Research Findings for African-American, Hispanic American, Medicare/Medicaid Dual Eligible, Rural, and About-to-Enroll Beneficiaries*, written by Barbara H. Forsyth, W. Sherman Edwards, and Martha Stapleton Kudela of Westat, Inc. [Final Draft, January 1998].
- *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Medicare Current Beneficiary Survey Findings*, written by Kenneth R. Cahill, Mary A. Laschober, Lisa Green, and Margaret Edder of Barents Group; Steve Parente, Laura Hodges, and Jennifer Dunbar of Project HOPE; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, August 1998].

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CHAPTER 1. SUMMARY

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options in order to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication strategies:

- **What information do beneficiaries want or need from HCFA?**
- **What are the best ways to communicate that information to them?**

The Market Research for Beneficiaries project collected data from three sources:

- An inventory of perceived information needs and effective communication strategies from a variety of organizations and individuals who work directly with Medicare beneficiaries,
- Focus groups with Medicare beneficiaries, and
- A national survey of the Medicare population – the Medicare Current Beneficiary Survey (MCBS).

Each of the three data sources has particular strengths. Together, they can provide HCFA with a broad, deep, and representative understanding of communication with beneficiaries. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of Medicare beneficiaries,[1] while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is in a separate appendix. [2]

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[1] The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

[2] See the Appendix to Cahill, et al., *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population*, Final Draft, October 1988, Health Care Financing Administration.

As part of HCFA's commitment to adapt its operations and communication strategies to better serve *all* Medicare beneficiaries, the Agency identified a diverse set of beneficiary subgroups that it believes may have special information needs regarding the Medicare program or that may require innovative communication approaches to effectively convey information to the subgroup. This report synthesizes key findings from the three data sources for one of the identified "hard to reach" beneficiary subgroups – **African American beneficiaries** who are 65 years old or older and not institutionalized. The report compares the subgroup's information needs and best communication strategies with those of the general elderly Medicare population. In the MCBS study, 7.8 percent of elderly Medicare beneficiaries identified themselves as African American. Additional summary reports examine the information needs and best communication strategies for Hispanic beneficiaries, beneficiaries dually eligible for Medicaid and Medicare, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and vision- and hearing-impaired beneficiaries.

Key Findings and Implications for HCFA

Key Findings

- African American beneficiaries are similar to the general Medicare population in the types of information they need. However, based on their self-reported knowledge of the Medicare program and focus group discussions, they do have greater need for information on some Medicare-related topics.
  - Information about health care concerns and chronic conditions that are particularly prevalent among African Americans such as diabetes and high blood pressure.
  - Information about preventive care and behavioral risk factors. For example, African American seniors were less likely than non-Hispanic white beneficiaries to know that Medicare pays for flu shots and were less likely to have received a flu shot in 1996.
  - African American beneficiaries also need additional information about the kinds of coverage provided by supplemental insurance**.** The largest self-reported knowledge gap of MCBS topics between African American beneficiaries and beneficiaries in general was their understanding of supplemental insurance. This difference may be attributable at least in part to the larger proportion of African American seniors who are dually eligible for Medicare and Medicaid and therefore do not require supplemental insurance. However, many dual eligible beneficiaries are confused about coverage provided through Medicaid.
  - Focus groups and MCBS data indicate that managed care is a particularly confusing issue for African American beneficiaries, as with all beneficiaries, due in part to the lack of managed care plans in predominantly African American communities and the scarcity of African American physicians participating in managed care plans.
- African American focus group participants ranked HCFA higher in amount of information and trust than did general Medicare beneficiaries (after learning that HCFA was the Agency that administers the Medicare program). African American seniors currently rely heavily on and associate the Social Security Administration with information on Medicare.

- Successful communication to the African American beneficiary population requires an understanding of cultural and racial preferences of the population.
  - ◊ The inventory research found that communication efforts for African American beneficiaries should rely on local, community-based sources with whom they can identify. The focus groups and MCBS research supported but also further clarified this finding. **African Americans' decision to use such resources may depend on the type of organization and the amount of accurate information to which the organization has access. For example, focus group participants, MCBS, and inventory research were inconsistent in their findings for recommending AARP as an effective partner for HCFA**. Organizations led by an African American may also be preferred.
  - ◊ Culturally appropriate materials would use the target audience as primary evaluators of the proposed materials, develop the topic around a central theme relevant to African American seniors, and include linguistic patterns appropriate to the population.
- Factors other than race, such as poverty, low levels of literacy/education and geographic region may be more important determinants of information needs and appropriate communications strategies for "hard to reach" beneficiaries. Given the greater concentration of individuals with these characteristics in racial and ethnic minority population, communications strategies that take these factors into account will be critical for reaching significant segments of African American beneficiaries. Specific examples are provided in the following section on Implications for HCFA.

Implications for HCFA

Like the general Medicare population, the African American Medicare population is diverse. A large number of elderly African Americans are not poor, illiterate, or in poor health. However, the higher percentage of African American beneficiaries who do display these characteristics compared with the general Medicare population is often the reason that African American beneficiaries in the aggregate have poorer understanding of the Medicare program and greater information needs. HCFA should consider the following when developing communications directed at African American beneficiaries:

- The lower incomes, education, and health status of many elderly African American beneficiaries can restrict their access to newer communication technologies and to written materials. Therefore, HCFA must rely more heavily on communication methods and sources that many elderly African Americans have readier access to, such as non-cable TV and radio stations, and churches, schools, local health care clinics, community centers, and other social units that can be used to tailor an effective communication strategy for a large segment of this population.
- The relatively high proportion of African American beneficiaries who have contact with the Medicaid system also suggests that HCFA should partner with State Medicaid agencies and Medicaid providers to disseminate information to a segment of this population. Medicaid providers and community organizations who work on a day-to-day basis with elderly low-income populations (e.g., social service workers, those who work in local senior citizen facilities and community centers, public housing agencies, community health centers, and legal aid offices) could be trained to understand the basics of Medicare and/or be provided with

reference brochures and pamphlets. It is also likely that a significant number of elderly African Americans who would be dually eligible for Medicaid are not enrolled. Many of these could be helped through effective outreach and education.

- Several characteristics associated with African American beneficiaries as a group overlap with other "hard-to-reach" groups of beneficiaries that are of special concern to HCFA. In particular, HCFA's communication strategies for African American beneficiaries should encompass recommendations for effective approaches for low literate beneficiaries and for those dually eligible for Medicaid and Medicare coverage.
  - For example, low literacy individuals rely heavily on oral explanations, visual cues, and demonstration of tasks to learn, rather than on written materials. They tend to develop compensatory strengths, such as enhanced listening and memory skills, which are better suited to audio and visual modes of communication and in-person information dissemination.
  - As another example, it is best to communicate with dual eligibles through interactive information tools, such as one-on-on sessions or group meetings lead by a trusted community member, or through community organizations.
- Information about diseases and conditions particularly prevalent among elderly African Americans should be disseminated widely to physicians, health care clinics, and community organizations (such as community senior centers) that are frequented by older African Americans. HCFA especially needs to emphasize the availability and value of preventive benefits covered by the Medicare program to African American communities.
- Perhaps as important as the method of communication used, an important issue for HCFA in designing communication strategies to reach African Americans is to present information within their frame of reference. The health research literature details the key elements for developing culturally-relevant educational materials for African Americans (and other ethnic groups) as described in Chapter Five of this report.
- Because African American beneficiaries appear to trust HCFA as a reliable source of information on many topics, HCFA should strengthen its name recognition with this group of beneficiaries and clearly differentiate its role from that of the Social Security Administration.
- Medical providers are important information sources for elderly African Americans. African American beneficiaries' high regard for physicians has its drawbacks as well as advantages, however. On the positive side, providers in African American communities can be very important partners for HCFA to disseminate many kinds of information. However, their high regard may impact upon how the subject of fraud and abuse is presented. Beneficiaries may not respond to literature suggesting that they speak up against their doctor.
- HCFA can take advantage of African American beneficiaries' strong preference for obtaining information in-person by increasing their partnerships with, and providing more Medicare information to, organizations in African American communities. However, inconsistent findings from the market research suggest that the particular types of community-based organizations that could be effective partners for HCFA needs further research, perhaps even on a community-by-community basis. Specific community organizations can provide the interpersonal contact that African American beneficiaries want and trust, but African

American focus group participants did not rate them highly as useful resources for Medicare information at the current time. HCFA may need to strengthen its partnership with community-based organizations by providing more training and Medicare program information to such organizations.

Organization of the Report

This report is organized into four additional chapters:

- A profile of African American Medicare beneficiaries compared with the general elderly Medicare population,
- A summary of African American beneficiaries' information needs,
- A discussion of communication sources preferred by African American beneficiaries, and
- A discussion of communication modes preferred by African American beneficiaries.

CHAPTER 2. PROFILE OF AFRICAN AMERICAN MEDICARE BENEFICIARIES

The market research found that an understanding of cultural and racial preferences for designing and presenting health- and Medicare-related messages is necessary for effective communication with African American beneficiaries. However, the market research also suggests that factors in addition to race be used to design information campaigns. For example, a poor inner city resident of Washington D.C., a rural farmer in the South, a wealthy businessman in Chicago, and a recent immigrant from Puerto Rico may all be African Americans, but they are likely to have very different communication needs and preferences. Differences in immigration patterns, geographic region, social class, and education and income levels are also likely to impact information dissemination and access.

Focus group results, for example, suggest that it may be difficult to identify groups of beneficiaries (other than Spanish-speaking Americans) who would benefit from customized communication strategies because their needs and preferences often depend on factors other than the demographic ones (e.g., race) used to define the "hard-to-reach" groups studied. Information needs and preferred sources and methods for receiving information also depend on person-specific factors such as where an individual lives, the types of social support networks he or she has, and education level. These factors, in addition to race, will be important in designing effective communication approaches for elderly African American beneficiaries. This chapter examines some of the socio-demographic and health characteristics of elderly African American Medicare beneficiaries and compares them with those of the elderly Medicare population in general. However, the report does not examine all of the factors that may be important for communications design.

Key Beneficiary Characteristics

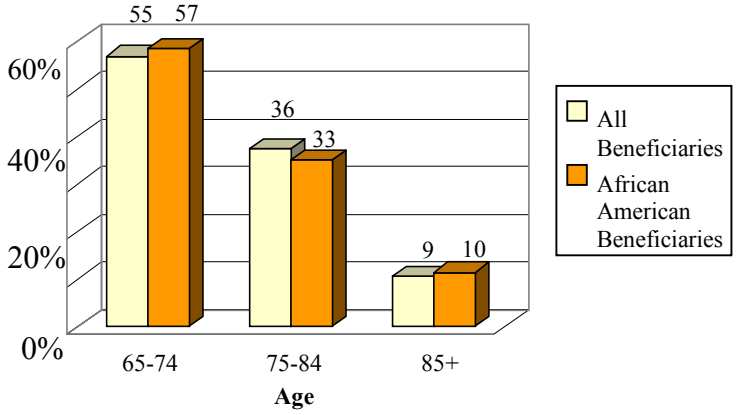
- The age and gender distributions of the elderly African American population are very similar to the general Medicare population. The percentages of these two groups who live in urban versus rural areas of the country are also comparable.
- In contrast, household living arrangements among African American Medicare beneficiaries differ substantially from those of the general Medicare population. **A much smaller percentage of elderly African American beneficiaries live with their spouse, and a much greater percentage live with their children or other relatives.** This difference is even more pronounced among the oldest age cohort.
- **The distribution of incomes and education levels are also dramatically different between elderly African American Medicare beneficiaries and elderly beneficiaries in general.** Seven out of ten African American beneficiaries reported an income of $15,000 or less in 1996 compared with four out of ten beneficiaries of all races/ethnicities. Similarly, four out of ten African American beneficiaries had completed 8th grade or less compared with two out of ten beneficiaries in the general Medicare population.

- Income and education disparities are reflected in the **much larger percentage of African Americans who had Medicaid coverage** at least one month during 1996 compared with beneficiaries in general – one-fourth versus less than one-tenth, respectively. These factors are also the likely drivers behind the **lower access of African American beneficiaries to newer communication technologies such as VCRs, cable TV, and the Internet**.
- **African American beneficiaries reported poorer health than general Medicare beneficiaries**, citing greater difficulty with performing activities of daily living and more vision problems, but less hearing impairments.
- **Targeting the African American community by location is relatively easy** – over one-half of elderly African Americans live in the South and 70 percent live in 13 States, mostly in the South and West, or in the largest States in the Northeast (New York and Pennsylvania) or the Midwest (Illinois, Ohio, and Michigan) (Hobbs, F.R., and Damon, B.L., 1996). However, even within these areas, there is likely to be considerable cultural and socio-demographic diversity among elderly African Americans.

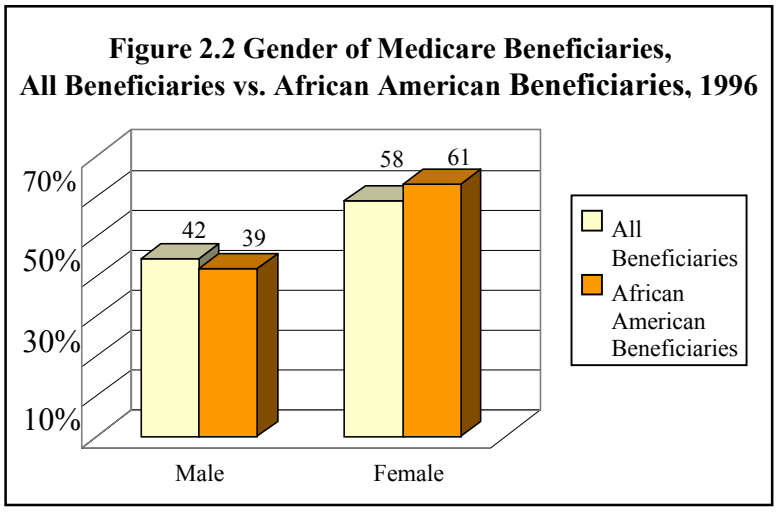
Demographic Characteristics

The age and gender distributions of the elderly African American population are very similar to the general Medicare population (Figures 2.1 and 2.2). About 1 of 10 beneficiaries in both groups are 85 years or older, and the majority of both groups is female.

Figure 2.1 Age Distribution of Medicare Beneficiaries, All Beneficiaries vs. African American Beneficiaries, 1996

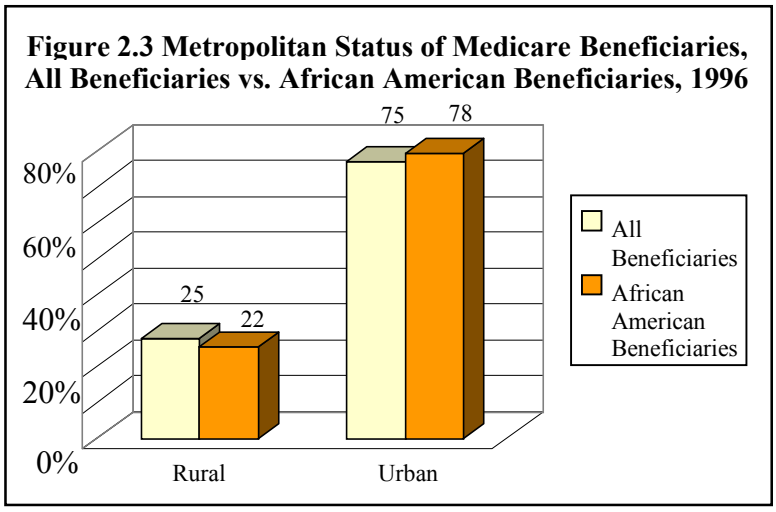


Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC



Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC

The percentages of African American beneficiaries who live in urban versus rural regions of the country are also very similar to those of the Medicare population in general (Figure 2.3). Slightly more than one-fifth of African American seniors live in rural areas, and slightly less than four-fifths live in urban areas.



Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC

Household living arrangements among African American Medicare beneficiaries differ substantially from those of the general Medicare population. A much smaller percentage of elderly African American beneficiaries lives with their spouse, and a much greater percentage lives with their children or other relatives, compared with beneficiaries in general (Table 2.1).

Table 2.1 Living Arrangements Of Medicare Beneficiaries All Beneficiaries vs. African American Beneficiaries, 1996								
Household Living Arrangements	**Total Elderly Medicare Beneficiaries**		**Ages 65-74**		**Ages 75-84**		**Ages 85+**	
	African Americans	**All**	**African Americans**	**All**	**African Americans**	**All**	**African Americans**	**All**
Lives alone	32%	30%	27%	23%	37%	36%	38%	51%
Lives w/spouse	40%	56%	47%	65%	34%	50%	21%	24%
Lives w/children	17%	9%	15%	7%	17%	9%	27%	17%
Lives w/others	12%	5%	11%	5%	12%	5%	15%	8%

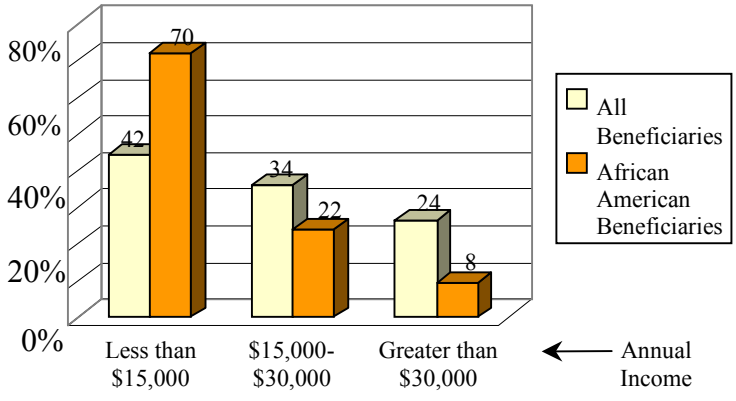
Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC

This difference is even more noticeable for beneficiaries 85 years or older, where 42 percent of elderly African Americans live with their children or other relatives compared with 25 percent of all elderly beneficiaries. Only 38 percent of African Americans in this age group live alone compared with 51 percent of the oldest beneficiaries in general.

Economic Characteristics

The distribution of incomes and education levels are dramatically different between elderly African American beneficiaries and elderly beneficiaries in general. For example, seven out of ten African American beneficiaries reported having an income of $15,000 or less in 1996 compared with only four out of ten beneficiaries of all races/ethnicities (Figure 2.4). On the other end of the scale, less than 8 percent of African American beneficiaries reported an income greater than $30,000 in 1996, while 24 percent of the general Medicare population reported making this amount.

Figure 2.4 Income Distribution of Medicare Beneficiaries, All Beneficiaries vs. African American Beneficiaries, 1996



Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC

Education levels of elderly African Americans are on average lower than the general Medicare population. Four out of ten African American beneficiaries reported completing 8th grade or less compared with two out of ten beneficiaries in the general Medicare population (Table 2.2). As with beneficiaries in general, the percentage of African American beneficiaries who have only a 5th grade education or less increases with age. However, this increase is much more dramatic for African American beneficiaries; one-third of those age 85 years or older report they had only a 5th grade education or less compared with one-tenth of the general Medicare population in this age group.

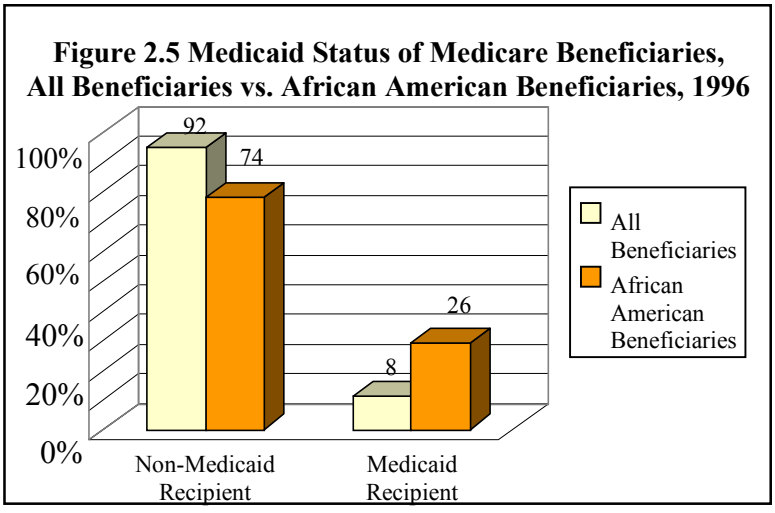
Table 2.2 Education Levels of Medicare Beneficiaries by Age, All Beneficiaries vs. African American Beneficiaries, 1996

Years of Education	Total Elderly Medicare Beneficiaries		Ages 65-74		Ages 75-84		Ages 85+	
	African Americans	All	African Americans	All	African Americans	All	African Americans	All
5 years or less	18%	7%	15%	6%	18%	7%	33%	10%
6 to 8 years	23%	15%	20%	11%	28%	16%	32%	28%
9 to 11 years	24%	15%	27%	15%	21%	16%	20%	15%
12 years	22%	33%	22%	36%	24%	33%	9%	21%
More than 12 years	13%	30%	16%	32%	10%	28%	7%	26%

Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC

Income and education disparities are reflected in the much larger percentage of African Americans who had Medicaid coverage at least one month during 1996 compared with beneficiaries in general – one-fourth compared with less than one-tenth, respectively (Figure 2.5).

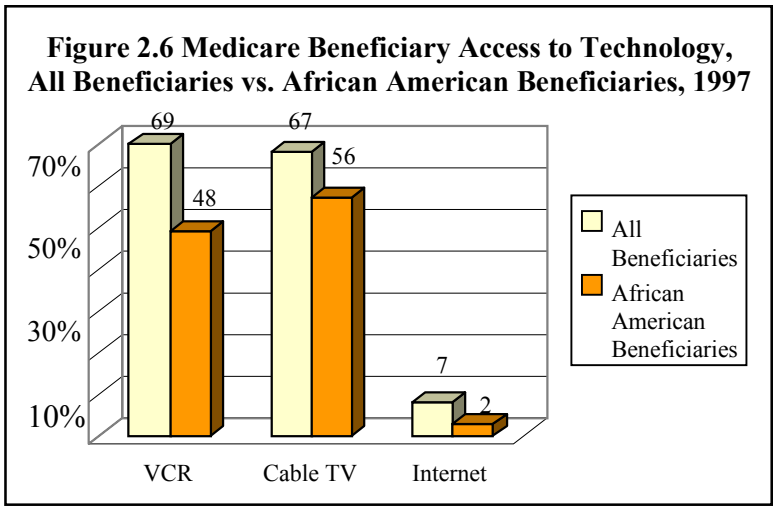
Figure 2.5 Medicaid Status of Medicare Beneficiaries, All Beneficiaries vs. African American Beneficiaries, 1996



Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC

Lower average income and education levels are also the likely drivers behind the much lower access of African American beneficiaries to newer communication technologies such as VCRs, cable TV, and the Internet (Figure 2.6).

Figure 2.6 Medicare Beneficiary Access to Technology, All Beneficiaries vs. African American Beneficiaries, 1997



Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC

Health Characteristics

African American beneficiaries reported poorer health than general Medicare beneficiaries, citing greater difficulty with performing activities of daily living and more vision problems, but fewer hearing impairments (Table 2.3). In both beneficiary groups, however, a substantial number of the elderly report having vision- and hearing-impairments.

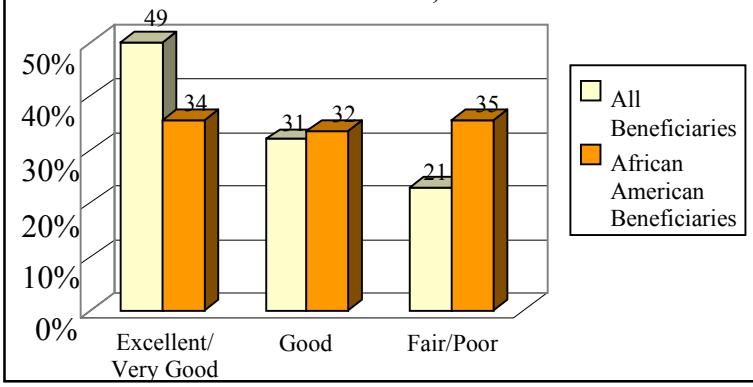
Table 2.3 Vision and Hearing Impairments of Medicare Beneficiaries All Beneficiaries vs. African American Beneficiaries, 1996

Vision or Hearing Impairment	African American Beneficiaries	All Beneficiaries
Vision Impairment		
No Impairment	56.2%	62.0%
Low Vision	42.9%	37.5%
Blind	0.8%	0.5%
Hearing Impairment		
No Impairment	68.5%	57.6%
Hard of Hearing	31.2%	42.2%
Deaf	0.3%	0.2%

Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC

A substantially larger percentage – about one-third – of elderly African Americans across all age groups rated themselves as being in only fair or poor health compared with about one-fifth of Medicare beneficiaries in general (Figure 2.7).

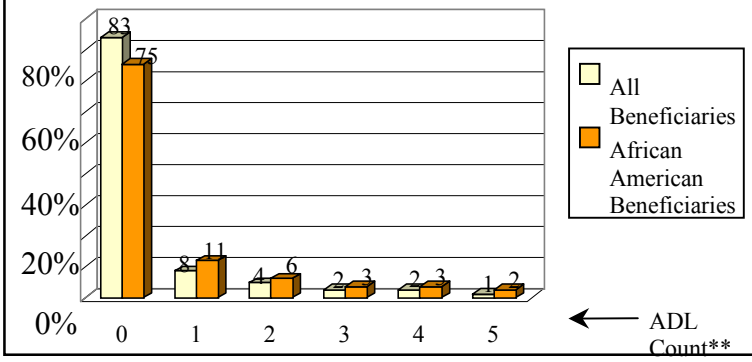
Figure 2.7 Self-Reported Health Status of Medicare Beneficiaries, All Beneficiaries vs. African American Beneficiaries, 1996



Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC

As beneficiaries move through the normal aging process, they tend to become more limited in their activities of daily living (ADLs). ADLs are activities related to personal care and include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. While 17 percent of Medicare beneficiaries in general reported limitations with performing one or more activities of daily living due to poor health, 25 percent of elderly African Americans reported the same, indicating their relative frailty compared to beneficiaries in general (Figure 2.8).

Figure 2.8 Medicare Beneficiary Difficulty Performing ADLs,* All Beneficiaries vs. African American Beneficiaries, 1996



Data Source: Medicare Current Beneficiary Survey
Source: Figure prepared by Barents Group LLC
**ADLs = Activities of Daily Living*
*** ADL Count = Number of ADLs beneficiary has difficulty performing without help.*

Implications for HCFA

- Because a much larger percentage of elderly African Americans live with their children or other relatives – especially beneficiaries who are 85 years or older – HCFA may be able to reach a large number of this subgroup by disseminating more information through workplaces or other places younger African Americans frequent.
- The lower incomes, education, and health status of many elderly African American beneficiaries can restrict their access to newer communication technologies and to written materials. Therefore, HCFA must rely more heavily on communication methods and sources that low-income elderly African Americans have readier access to, such as non-cable TV, radio stations and churches, schools, local health care clinics, community centers, and other social units that can be used to tailor an effective communication strategy for a large segment of this population.
- The relatively high proportion (25 percent) of African American beneficiaries who have contact with the Medicaid system also suggests that HCFA should partner with State Medicaid agencies and Medicaid providers and health plans to disseminate information to a segment of this population. Medicaid providers and community organizations who work on a day-to-day basis with elderly low-income populations (e.g., social service workers, those who work in local senior citizen facilities and community centers, public housing agencies, community health centers, and legal aid offices) could be trained to understand the basics of Medicare and/or be provided with reference brochures and pamphlets.
- The age and gender distributions of elderly African Americans are similar to those of the general Medicare population, but their other social demographic and health characteristics more often mirror those of the African American population in general. African American beneficiaries – like African Americans in younger age groups – tend to have lower incomes and education levels and are in poorer health than their White counterparts. These characteristics make it both more difficult to communicate with elderly African Americans on the whole, as well as more imperative that HCFA find effective ways to provide the necessary health and Medicare program information to this group of beneficiaries.
- Although the African American population is diverse, several characteristics associated with significant segments of African American beneficiaries overlap with other "hard-to-reach" groups of beneficiaries that are of special concern to HCFA. In particular, HCFA's communication strategies for these African American beneficiaries should encompass recommendations for effective approaches for low literate beneficiaries and for those dually eligible for Medicaid and Medicare coverage. Two examples follow.
    - Low literacy individuals rely heavily on oral explanations, visual cues, and demonstration of tasks to learn, rather than on written materials. They tend to develop compensatory strengths, such as enhanced listening and memory skills, which are better suited to audio and visual modes of communication and in-person information dissemination.

- ◊ It is best to communicate with dual eligibles through interactive information tools, such as one-on-one sessions or small group meetings led by a trusted community member, or through community organizations.

- Better communications with African American seniors will become increasingly important in the future as it is estimated that their proportion of the total elderly population will rise from 7.6 percent to 10 percent by the year 2050 (Hobbs, F.R., and Damon, B.L., 1996).

CHAPTER 3. WHAT INFORMATION DO AFRICAN AMERICAN BENEFICIARIES WANT OR NEED FROM HCFA?

The market research found that racial and ethnic minority and other groups do not so much need different information about Medicare compared with the general Medicare population, but they need to have it **presented differently** from the way it is presented to majority group beneficiaries. Communication efforts for African Americans should use culturally-appropriate sources, messages, and placement of these messages, as discussed in Chapters 4 and 5. There are, however, some information needs that are specific to African American beneficiaries. This chapter summarizes the key findings from the market research concerning African American beneficiaries' information needs and knowledge of the Medicare program, and compares them to Medicare beneficiaries as a whole.

Key Information Needs and Knowledge Levels of African American Beneficiaries

- Although Medicare-related topics that African American Medicare beneficiaries want more information on generally parallel those of the overall beneficiary population, several noteworthy differences between general beneficiary and African American beneficiary information needs include the following:
  - Although African American beneficiaries reported having enough information about staying healthy in general (similar to the general Medicare population), many want more information about **health care concerns and chronic conditions that are particularly prevalent among African Americans such as diabetes and high blood pressure**.
  - **Elderly African Americans tend to be less knowledgeable about preventive care and behavioral risk factors** than the general Medicare population. For example, they were less likely than White non-Hispanic beneficiaries to know that Medicare pays for flu shots and were less likely to have received a flu shot in 1996.
  - Although beneficiaries in general seemed familiar with the relationship between **primary and secondary payers, as well as Medicare Parts A and B, many of the African American focus group participants were not**.
  - **African American beneficiaries also need additional information about the kinds of coverage provided by supplemental insurance.** The largest self-reported knowledge gap of MCBS topics between African American beneficiaries and beneficiaries in general was their understanding of supplemental insurance. This difference may be attributable at least in part to the larger proportion of African American seniors who are dually eligible for Medicare and Medicaid and therefore do not require supplemental insurance.
  - **Managed care is a particularly confusing issue for African American seniors** (as it is for elderly beneficiaries in general), due in part to the lack of managed care plans in predominantly African American communities and the scarcity of African American physicians participating in managed care plans.
- **African American beneficiaries have a greater need for information on all Medicare topics included in the MCBS than the general beneficiary population.** Although the two groups' rankings of topics about which they most want more information were very similar (the Medicare program and staying healthy were the top two), a significantly higher proportion of

African Americans reported knowing little or almost none of what they need to know about the six Medicare program topics shown in Table 3.2 below.

- In addition, MCBS analysis indicates that **African American beneficiaries may have more difficulty finding answers to their Medicare-related questions** than Medicare beneficiaries in general. (This result is based on a very small percentage of African American and general Medicare beneficiaries who said they searched for information in the past year, however, and should be interpreted with that in mind.)

Information Needs and Knowledge

The types of information that African American beneficiaries need generally parallel those of the Medicare population on the whole. Similar to beneficiaries in general, African American beneficiaries are confused about some features of the Medicare program. Both groups need clearer information about such topics as:

- Medicare's current and future financial status,
- How the Medicare program works in conjunction with supplemental insurance,
- What services are covered and for how long, and
- The advantages and disadvantages of Medicare HMOs.

Table 3.1 shows the topics surveyed in the MCBS that African American and all beneficiaries cited as most important to have more information on. **For both groups, the top three topics were the Medicare program itself (such as what services are covered), staying healthy, and out-of-pocket costs for Medicare-covered services.**

Table 3.1 Information Preferences of Medicare Beneficiaries
African American Beneficiaries vs. All Beneficiaries, 1997

Medicare Topic	African American Beneficiaries Citing Topic as Most Important to Have More Information On*	All Beneficiaries Citing Topic as Most Important to Have More Information On*
Medicare program	**36.1%**	**37.8%**
Staying healthy	**28.8%**	**25.8%**
Payment for Medicare services	**15.6%**	**14.3%**
Medicare HMOs	7.4%	9.4%
Choosing or finding a doctor	8.2%	6.7%
Supplemental insurance	3.8%	6.2%

Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC
*Percentages are based on the number of beneficiaries who said they needed information about at least one of the topics in the table.

Medicare program knowledge: A much higher proportion of African Americans reported knowing little or almost none of what they need to about the six Medicare-related topics displayed in Table 3.2 below compared with beneficiaries in general. However, the two groups ranked topics about which they were least knowledgeable (Medicare HMOs and supplemental

insurance) and about which they were most knowledgeable (finding a doctor and staying healthy) identically.

Table 3.2 Comparison of African American and All Medicare Beneficiaries' Self-Reported Knowledge by Topic, 1997

	Everything/Most of What I Need to Know		Some of What I Need to Know		Little/Almost None of What I Need to Know	
Topic	**African Americans**	**All Beneficiaries**	**African Americans**	**All Beneficiaries**	**African Americans**	**All Beneficiaries**
Changes in Medicare Program	32%	44%	26%	24%	42%	32%
Payment for Medicare Services	35%	45%	23%	21%	41%	34%
Supplemental Insurance	28%	43%	17%	17%	55%	41%
Medicare HMOs	26%	27%	12%	12%	63%	61%
Finding a Doctor	49%	62%	22%	17%	29%	21%
Staying Healthy	61%	75%	25%	17%	14%	8%

Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC

In particular, while beneficiaries in general seemed familiar with the relationship between primary and secondary payers, as well as Medicare Parts A and B, many of the African American focus group participants were not. Every focus group of African American beneficiaries raised questions about whether or why one would need Part B, how much supplemental coverage is adequate, and how services get paid for.

African American beneficiaries were also less likely than non-Hispanic White beneficiaries to pass an MCBS "quiz" about Medicare topics. Further multivariate analysis of this result, along with a multivariate analysis of the determinants of self-reported knowledge of African American beneficiaries, suggest that regional factors may be important for understanding differences in Medicare knowledge. This result requires further research, however.

Staying healthy: In contrast to the MCBS results shown in Table 3.1, the inventory research and focus group analyses found that both African American and general beneficiaries said they receive plenty of information from a wide variety of sources about staying healthy. (Table 3.2 also indicates that a large majority of both groups feel they know most of what they

> "There's too much information. It's all confusing. First you can't eat eggs and then you can eat eggs. I mean every time you look at the television or you pick up the newspaper there's something about your diet and I think it's too confusing."
>
> -- *African American Focus Group Participant*

need to about staying healthy.) However, similar to beneficiaries in general, African American beneficiaries complained that the information they receive is often contradictory, which may be why both groups ranked more information on staying healthy relatively high.

The problem of sorting through conflicting information about staying healthy may be even more difficult for African American beneficiaries because the information is generally broad, referring to majority populations. **African American beneficiaries said they want more information about health care concerns and chronic conditions that are particularly prevalent among African Americans.** It may be most effective to present population-specific information within materials developed for all seniors, with specific messages tailored for each of several specific groups.

According to the market research, **on the whole African American beneficiaries are less knowledgeable about preventive care and behavioral risk factors than beneficiaries in general**. In a multivariate analysis of MCBS data, for example, African Americans were *less* likely to know that Medicare covered flu shots compared with non-Hispanic White beneficiaries. They were also 21 percent *less* likely than non-Hispanic White beneficiaries to have received a flu shot in 1996, even after controlling for knowledge levels. This result suggests that, in addition to needing additional information about flu shot coverage, African Americans may face other barriers to receiving preventive care that require further research.[3]

> Cultural differences in perceived susceptibility and effectual barriers, such as fear and embarrassment, may contribute to the under-use of preventive services. In a study of the attitudes of African American women toward cancer and prevention, for example, the American Cancer Society found that fear, pessimism about cure, concern about the inconvenience of obtaining medical care at free clinics, and suspicion of experimental treatment may keep a woman from seeking medical attention even when she recognizes a potential cancer warning sign. Even when offered at no cost, many low-income African American women do not take advantage of mammography or cervical cancer tests. Urban African American women tend to be much less knowledgeable than urban White women about cancer warning signals and less apt to see a doctor if they experience symptoms. -- *Inventory Report*

Supplemental insurance: The largest gap between African American beneficiaries and the general Medicare population indicated in Table 3.2 is the former group's lower knowledge about supplemental insurance. However, like beneficiaries in general, only a very small portion rated this as an important topic to have more information on, as indicated in Table 3.1. Most African American focus groups participants believed they had received enough information from employers, mailed

> "You have to have additional insurance and I didn't realize that until I needed to get an operation and they told me I had to get another insurance... It was my choice out of the book, but it wasn't of my choice as far as I was concerned."
>
> -- *African American Focus Group Participant*

[3] Since other beneficiary characteristics were controlled for in the multivariate analysis but other factors possibly affecting African Americans' use of flu shots may not have been specified in the equation, this is not a conclusive result.

pamphlets, hospitals and AARP to choose a supplemental insurer. However, their confusion about components of the Medicare program and coverage levels suggests they would also benefit from additional information about how supplemental insurance is structured and the kinds of coverage it provides.

Managed care: As with the general Medicare population, managed care is a particularly confusing issue for African American seniors. Similar to beneficiaries in general, nearly two-thirds of African American beneficiaries reported knowing little of what they feel they need to know about Medicare HMOs (Table 3.2). Also, like beneficiaries in general, only a very small portion rated this as an important topic to have more information on, as indicated in Table 3.1. The inventory research noted that many plans do not offer services in predominantly African American neighborhoods and do not provide relevant, detailed information on either the provider network or the exact nature of the coverage.

> Like participants from the general beneficiary population, African American participants were concerned about losing the ability to choose their own doctors when they sign up with HMOs. Some participants said they quit HMO plans they joined after discovering restrictions on provider choice. Also, participants reported wanting clearer information about the costs associated with HMOs.
>
> -- *Focus Group Report*

According to several organizations interviewed, many African American seniors feel more comfortable with an African American physician. In many managed care settings, however, seniors do not have the option of selecting an African American specialist, or even a primary care physician. There are a disproportionately low number of African American physicians in managed care plan networks compared to the number in the general population. This may partially explain the disparity in responses between Tables 3.1 and 3.2. African American beneficiaries may feel they should know more about managed care, but do not see it as an immediate information need if managed care is not a viable option for them currently.

Unmet information needs: Although African Americans want information about the same topics as beneficiaries in general, they were much less likely to locate information on Medicare-related topics when they searched for it during the past year. Table 3.3 shows the proportion of beneficiaries who did and did not find answers to their questions across the six topics surveyed in the MCBS. While only a small percentage (3 to 8 percent) of both groups reported needing information in the past year, 20 percent to 25 percent fewer of the African American group were able to find answers to their questions compared with the general Medicare population because they could not locate an appropriate information source. The greatest percentage were unable to obtain information about out-of-pocket payments for Medicare-covered services.

Table 3.3 Comparison of African American and All Medicare Beneficiaries Needing and Finding Medicare-Related Information In the Past Year, 1997				
	Found Answer to Question		Did Not Find Answer to Question	
Topic	African American Beneficiaries	All Medicare Beneficiaries	African American Beneficiaries	All Medicare Beneficiaries
Changes in Medicare Program	55%	75%	45%	25%
Payment for Medicare Services	45%	70%	55%	30%
Supplemental Insurance	51%	72%	49%	28%
Medicare HMOs	77%	85%	23%	15%
Finding a Doctor	70%	80%	30%	20%
Medicare Services Covered	56%	74%	44%	26%

Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC

Implications for HCFA

- African American beneficiaries are particularly likely to benefit from basic information that describes how the Medicare program is structured and how program components work together to provide health care coverage.
  - ◊ African American beneficiaries' confusion about components of the Medicare program and coverage levels suggests they would benefit from additional information about how supplemental insurance is structured and the kinds of coverage it provides. Medicaid staff could be enlisted to explain to those who are dually eligible that Medicaid serves as supplemental insurance coverage for them.
- African American beneficiaries report lower knowledge of the Medicare program and more difficulty finding information than do beneficiaries in general. Therefore, HCFA must strengthen the communication sources and channels that African American communities most rely on. The Agency should also ensure that its communication strategy encompasses approaches tailored to individuals with low income and education levels. Specific strategies for different types of information are suggested below.
- Although African American beneficiaries may learn more about managed care as more health plans serve their communities, HCFA can help these communities learn about the Medicare-contracting plans that operate in their area, and about health plans that include African American providers. HCFA could provide such information to State Health Insurance Assistance Programs (SHIPs) and African American community and religious organizations that serve senior citizens.
- Information about diseases and conditions particularly prevalent among elderly African Americans should be disseminated widely to physicians, health care clinics, and community organizations (such as community senior centers) that are frequented by older African Americans. HCFA especially needs to emphasize the availability and value of preventive benefits covered by the Medicare program to African American communities.

- Understanding cultural preferences in how health-related messages are written and presented is also critical. Minority communities are exposed to many of the same health messages as the general population. However, the effect of generic health messages on minority populations is likely to be minimal unless they are reinforced by specific messages that are perceived to be more personally "relevant" to minority Americans.
- HCFA should further research why some groups of African Americans are not getting the information they need. Within-subgroup differences are potentially more significant than between-subgroup differences. For instance, it is likely that variations in region, education, and income levels have greater effects on information receipt and knowledge levels than race. If that is the case, a specific African American strategy is not as important as tailored strategies based on varying regional, educational and economic characteristics.

CHAPTER 4. WHAT INFORMATION SOURCES DO AFRICAN AMERICAN BENEFICIARIES PREFER?

The market research found that African American beneficiaries generally rely on the same sources for information about Medicare- and health-related topics as the general Medicare population, but they differ in the extent to which they trust these sources. Both HCFA and local health care providers were consistently identified as valuable sources of information. However, there were no clear findings regarding the usefulness of HCFA's partnering with local, community-based organizations or senior citizen groups, such as AARP, for disseminating Medicare information to elderly African Americans. This chapter compares the key findings from the market research concerning African American beneficiaries' preferred information sources with those of Medicare beneficiaries as a whole.

> Displaying positive images of people of color may increase receptivity and attendance to the message by reinforcing ethnic identity. African Americans were observed to be the least likely to use the Cancer Information Services hotline, for example, but use tripled following the airing of public service announcements targeted to African Americans that featured a recognizable African American cultural figure, singer Aretha Franklin (Yancey, A.K., and Walden, L., 1994).
>
> -- *Inventory Report*

Key Findings on African American Beneficiaries' Preferred Information Sources

- For the most part, **African American beneficiaries differ little from the general Medicare population in the broad sources** (e.g., Medicare sources, medical providers) **they most rely on to obtain information** about the Medicare program and related topics.
- However, **African American beneficiaries' preferences do differ in some important ways from those of beneficiaries in general,** including the extent to which they rely on these sources and trust them to provide accurate information. In particular:
  - **African American beneficiaries ranked HCFA higher in amount of information and trust** than did general Medicare beneficiaries (after learning that HCFA was the Agency that administers the Medicare program).
  - African American beneficiaries prefer contacting their providers for information on finding a doctor or for health information (like beneficiaries in general), and **a somewhat greater percentage than the general Medicare population also ask doctors for advice on other Medicare-related topics**.
  - The inventory research found that communication efforts for African American beneficiaries should rely on local, community-based sources and sources with whom they can identify. The focus groups and MCBS research supported but also further clarified this finding. **African Americans' decision to use such resources may depend on the type of organization and the amount of accurate information to which the organization has access.**
  - **African American beneficiaries ranked supplemental insurers lower on amount of information and on trust** in comparison with rankings from the general beneficiary population. Instead, they often preferred Medicare sources for information.

- ◊ **Focus group, MCBS, and inventory research were inconsistent in their findings for recommending AARP as an effective partner for HCFA for improving communications with elderly African Americans**.
- ◊ **Like beneficiaries in general, African American beneficiaries hold widely different views on the reliability of mass media**. In addition, traditional mass media strategies for communicating with minority individuals may fail because of their greater appeal to majority population interests and groups.

Information Sources

African American beneficiaries differ little from the general Medicare population in the sources they most rely on to obtain information about the Medicare program and related topics. Table 4.1 compares the preferences of African American beneficiaries with those of beneficiaries in general. Each group's most preferred choice for the topic is in bold.

Table 4.1 Preferred Information Sources for African American Medicare Beneficiaries and All Medicare Beneficiaries, 1997*

Medicare Topic	Medicare /Carrier/ 1-800	Doctor/ provider	Community Org.	Family, Friends	Insurance Company	AARP/Sr. Citizens' Group	Other
Medicare program							
African Americans	**50%**	28%	8%	4%	3%	7%	0.7%
All Beneficiaries	**54%**	22%	8%	5%	3%	8%	0.3%
Out-of-pocket payments							
African Americans	**62%**	23%	5%	3%	4%	3%	0.7%
All Beneficiaries	**64%**	21%	4%	3%	6%	2%	0.4%
Supplemental insurance							
African Americans	29%	17%	7%	3%	**32%**	13%	0.0%
All Beneficiaries	20%	12%	7%	7%	**43%**	11%	1.5%
Medicare HMOs							
African Americans	**48%**	21%	7%	3%	13%	7%	0.0%
All Beneficiaries	**40%**	19%	10%	8%	16%	8%	0.7%
Finding a doctor							
African Americans	22%	**48%**	4%	20%	3%	3%	1.2%
All Beneficiaries	13%	**47%**	6%	27%	5%	2%	0.8%
Staying healthy							
African Americans	11%	**69%**	5%	8%	3%	4%	0.4%
All Beneficiaries	7%	**65%**	10%	10%	3%	4%	2.0%

Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC
*Percentages are based on respondents who chose at least one source. Respondents who said they did not need information on the topic are excluded from the figures in the table.

Similar to Medicare beneficiaries in general, African American beneficiaries' preferred information sources depend on the topic:

- For information on the Medicare program in general, for out-of-pocket costs, and for Medicare HMOs, the greatest percentage of African American seniors favor Medicare sources, such as local Medicare offices, Medicare carriers, and toll-free Medicare hotlines.
- For information on locating a doctor that fits their health needs and on how to keep healthy, African Americans rely the most on health care providers.
- Both groups were most likely to contact insurance companies, and secondly Medicare sources, for information on supplemental insurance although a higher percentage of the African American elderly population relied on Medicare for this information than did the general Medicare population.

HCFA/Medicare sources: For all of the topic areas in Table 4.1, **an almost equal or greater percentage of African American beneficiaries turned to Medicare sources for information, compared with beneficiaries in general**. African American focus group participants also ranked HCFA higher in amount of information and trust than did general Medicare focus group participants. These rankings were based almost entirely on learning during the focus groups that HCFA was the Federal agency responsible for Medicare.

> "Well, I feel that they ought to be the experts because they're the ones that have all the information. If there is any information that they don't have, well, then it's entirely possible that they might look at it and see whether or not they can provide or recommend another source of information."
>
> *-- African American Focus Group Participant*

However, **African American focus group participants were frequently confused about the source of information they had received on Medicare,** perhaps because most participants associated Medicare with the Social Security Administration. In the four focus groups with African American beneficiaries, no one mentioned HCFA or recognized the name when it was brought up by the moderator. This may be in large part because beneficiaries often turn to the Social Security Administration with questions about the Medicare program. The inventory research found that in the African American community, as with other subgroups, HCFA's name or logo on a document may be confusing when it is sent from the Social Security office.

Health care providers: Not only do many African American beneficiaries prefer contacting their providers to find a doctor or for health information in general, but also **a somewhat greater percentage than the general Medicare population ask doctors for advice on other Medicare-related topics** (Table 4.1). The inventory research found that the African American community has very high regard for physicians. African American focus group participants were similar to general Medicare beneficiaries in terms of their opinions about medical providers as sources of Medicare program information. Participants who had well-established relationships with their providers use and trust them as

> "…I have a doctor I trust. And if I'm in Florida, Georgia or wherever I am, I can call and he's just like a family member. We had chosen one doctor from the list of doctors and he was the best doctor we could pick in that field and that has done more of those operations that we could choose from. I trust my doctor."
>
> *-- African American Focus Group Participant*

sources of information. Like the general Medicare population, African American beneficiaries seem comfortable relying on their own judgment, on their social networks, and on referrals from other providers to help them find providers they trust.

Community-based sources: Community resources were ranked lowest by African American focus group participants for amount of information,[4] and, similar to the general Medicare population, very low percentages of African Americans in the MCBS prefer to obtain information from community organizations (Table 4.1). This is surprising in light of the inventory's advice – based on strong recommendations from several groups interviewed – that HCFA should focus its efforts on working within African American communities, through established networks of community leaders and the community's infrastructure.

Perhaps the inconsistency between the focus groups, MCBS, and inventory findings on African American beneficiaries' preferences for community-based organizations **depends on the type of organization and the amount of accurate information to which the organization has access**. A few African American focus group participants identified specific community resources they rely on for information about Medicare, including churches, senior centers, libraries, and resources available through senior housing communities. The inventory research recommends that if a neighborhood relies on the church for guidance, for example, HCFA is best served by working within the structure of that church and under the direction of the pastor or community minister. Many African American seniors (as well as many seniors in general) do not venture beyond their own neighborhoods and often see no need to do so. This isolation creates a barrier that can be overcome only by supportive and invested family members, or proactive community leaders and groups.

> Participant: Ok. I belong to a senior citizen club through my church. And usually there is a person that is assigned to gather this information and bring it to the group.
> Moderator: Ok. Do they bring it in like a meeting or they have little seminars you can come to, how does that come?
> Participant: They bring the pamphlets.
> Moderator: Oh, I see and they make it available to you.
> Participant: Right.
> Participant: My church has the same thing.
> Moderator: Your church has the same thing?
> Participant: But, I don't go to the meetings, hardly, but we have it.
>
> -- *African American Focus Group Participants*

Insurance companies: **African American focus group participants ranked supplemental insurers lower as sources of trustworthy information compared with rankings from general beneficiary focus groups.** The group discussion shed little light on this difference. African American participants also ranked Medicare contractors somewhat lower on amount of information and much lower on trust than did general Medicare participants. In part, this difference appears to be the result of confusion between HCFA, the contractors who pay Medicare claims, and supplemental insurers. The focus group finding is supported by MCBS data in Table 4.1 above, in which only 32 percent of African American beneficiaries, compared with 43 percent of beneficiaries in general, prefer insurance companies for information about

[4] Participants recruited for the African American focus groups were generally more highly educated than the U.S. population over 65, however. Thus, the individuals most likely to be reached by community organizations (less educated, more passive information seekers, perhaps with relatively few social contacts) may be under-represented because of the focus group recruiting processes.

supplemental insurance coverage. Instead, a greater percentage of African American seniors prefer to contact Medicare sources or their providers.

Senior citizen groups: AARP was widely and strongly trusted among African American focus group participants. They cited the length of their relationship with AARP, the timeliness of its magazine, and its senior citizen advocacy as reasons for their trust. This is in direct contrast to the inventory research findings that relying on AARP to reach African American seniors is not a desired strategy since AARP's black membership is fairly low. Instead, the report recommends that information should be filtered through churches, pastoral organizations, local health providers, and community health advocacy or education groups. The MCBS results in Table 4.1 shed little light on these contrary findings. Approximately the same percentages of African American beneficiaries and beneficiaries in general said they rely on AARP or other senior citizen groups for information about the Medicare program or staying healthy. However, across the six topics, the percentages were very low, only reaching any distinction as a source for information on supplemental insurance.

Family and friends: **According to focus group analysis, African American participants had much the same view of family and friends as beneficiaries in general**. Neither group relies to any great extent on information from family and friends, except for advice on finding or choosing a doctor (Table 4.1). Focus group participants said that a list of providers' names and affiliations does not tell them what they really want to know – whether the provider can communicate with them and is genuinely concerned about their health. Participants assess a provider's interpersonal skills based on the experiences of trusted friends, family, and even their own encounters with health care professionals. A few participants said they would be interested in getting brochures and pamphlets from HCFA about choosing a doctor, but most did not think the information would be helpful.

> Participant 1: "I really rely on my daughters because –"
> Participant 2: "They're younger."
> Participant 1: ". . . no, no, because they work at the place where the information and they will call places that they know I can get information and have it sent to me. And they know how much I get so I'll have to say well, you know, my salary is such is such or my social security."
>
> -- *African American Focus Group Participants*

TV, radio, newspapers, magazines: African American focus group participants were similar to participants from the general Medicare population in their opinions about the mass media: those who do not trust the mass media stressed perceived inaccuracy and sensationalism, while a minority of participants pointed out the benefits of mass media – they are readily available, up-to-date, and free or very low cost. **Inventory respondents said one reason that many traditional mass media strategies fail for communicating with minority individuals is their greater appeal to majority population interests and groups.** Majority interests are often perceived to be different from those of minority populations because they are based upon a culture having a different historical context. Communication strategies should take into account cultural differences across races and ethnicities.

> "You can't trust the media because they distort things, they change things around. If something happened on Dog Street, they may say it happened on Cat Street."
>
> -- *African American Focus Group Participant*

Implications for HCFA

- Because African American beneficiaries appear to trust HCFA as a reliable source of information on many topics, HCFA should strengthen its name recognition with this group of beneficiaries and clearly differentiate its role from that of the Social Security Administration.
- Medical providers are important information sources for elderly African Americans. African American beneficiaries' high regard for physicians has its drawbacks as well as advantages, however. On the positive side, providers in African American communities can be very important partners for HCFA to disseminate many kinds of information. However, their high regard may impact upon how the subject of fraud and abuse is presented. Beneficiaries may not respond to literature which suggests that they speak up against their doctor.
- Inconsistent findings from the market research suggest that the particular types of community-based organizations that could be effective partners for HCFA needs further research, perhaps even on a community-by-community basis. Specific community organizations can provide the interpersonal contact that African American beneficiaries want and trust, but this group of beneficiaries did not rate them high as useful resources for Medicare information at the current time. HCFA may need to strengthen its partnership with local, community-based organizations by providing more training and Medicare program information to such organizations.
- AARP and other senior groups may be potential partners for HCFA, but their effectiveness as a source for disseminating information to elderly African Americans clearly needs further exploration.
- Mass media can be an effective source of information for African American beneficiaries if messages and information are tailored to the cultural nuances of African American communities and relate to the information most needed by these communities (such as health conditions that particularly affect African Americans).

CHAPTER 5. WHAT COMMUNICATION MODES DO AFRICAN AMERICAN BENEFICIARIES PREFER?

The market research found that African American beneficiaries' preferences for modes of communication are very similar to the general beneficiary population. Beneficiaries in both groups overwhelmingly prefer in-person formats for answering specific, and often complicated, questions (with even greater percentages of African American beneficiaries preferring this mode). They also like having a variety of information presented in a format that allows them to refer to the information as needed. In addition to understanding these similarities between African American beneficiaries and the general Medicare population, HCFA needs to incorporate various cultural preferences with regard to how health- and Medicare-related messages are written and presented across some "hard-to-reach" populations.

> A 30-minute film produced by the Revlon/University of California at Los Angeles Cancer Research Program is co-hosted by Jane Pauley and Phylicia Rashad, and features other well-known celebrities. This film is an example of how including an ethnically relevant African American celebrity as a co-host improved its reception in minority communities.
>
> -- *Inventory Report*

Key Findings on African American Beneficiaries' Preferred Communication Modes

- African American beneficiaries' **preferred modes of communication parallel** those of Medicare beneficiaries in general:
  - **Beneficiaries want to be able to talk to a human when their questions are too specific for brochures or videos to address**. Talking with someone in person was by far the most preferred method for obtaining information on the MCBS topics for both African American beneficiaries and beneficiaries in general.
  - **In both groups, beneficiaries like to have information in a format that allows them to refer back to it as needed** (e.g., printed material, audiotapes, or videotapes). Brochures or pamphlets were the second most preferred method for both groups for obtaining information on the Medicare- and health-related topics covered in the MCBS (except for information on out-of-pocket costs, where both groups about equally preferred using the telephone).
- African American beneficiaries and the general Medicare population mainly diverged **in the degree to which certain modes of communication are preferred**:
  - Across the topics in the MCBS, **a greater or almost equal proportion** of African American beneficiaries preferred to obtain information by talking with someone in person compared with beneficiaries in general.
  - Across the topics in the MCBS, **a slightly smaller proportion** of African American beneficiaries preferred to obtain information through pamphlets and brochures compared with beneficiaries in general.
- Perhaps as important as the method of communication used, an important issue for HCFA in designing communication strategies to reach African Americans is to present information within their frame of reference.

Communication Modes

Medicare beneficiaries obtain information about the Medicare program and their health through a variety of interactive and non-interactive communication tools. Questions on broad tropics are often answered via non-interactive tools such as pamphlets and brochures, radio and television, or magazines and newspapers. Answers to more specific and immediate questions are more frequently sought through interactive formats, such as live telephone or face-to-face conversations. Table 5.1 below compares the preferences of African American beneficiaries with those of the general Medicare population for both interactive and non-interactive communication modes. Each group's most preferred choice for the topic is in bold.

Table 5.1 Preferred Communication Modes for African American Medicare Beneficiaries and All Medicare Beneficiaries, 1997*

Topic	In-Person	Tele-phone (1-800)	Brochure/ Pamphlet	Media	Internet	Videos	Other
Medicare program							
African Americans	**47%**	19%	28%	4%	0.3%	1.2%	0.5%
All Beneficiaries	**39%**	19%	36%	5%	0.6%	0.9%	0.4%
Out-of-pocket payments							
African Americans	**50%**	26%	21%	2%	0.1%	0.2%	1.2%
All Beneficiaries	**42%**	27%	28%	2%	0.4%	0.4%	0.7%
Supplemental insurance							
African Americans	**52%**	15%	30%	2%	0.1%	0.4%	0.8%
All Beneficiaries	**45%**	18%	32%	4%	0.3%	0.6%	1.0%
Medicare HMOs							
African Americans	**48%**	16%	31%	3%	0.8%	1.5%	0.1%
All Beneficiaries	**41%**	16%	36%	5%	0.7%	1.2%	0.9%
Finding a doctor							
African Americans	**64%**	14%	16%	2%	0.4%	1.4%	1.9%
All Beneficiaries	**70%**	12%	13%	2%	0.4%	0.6%	2.4%
Staying healthy							
African Americans	**58%**	5%	26%	7%	0.5%	2.3%	1.4%
All Beneficiaries	**45%**	5%	31%	15%	0.4%	2.0%	1.5%

Data Source: Medicare Current Beneficiary Survey
Source: Table prepared by Barents Group LLC
*Percentages are based on respondents who chose at least one communication mode. Respondents who said they did not need information on the topic are excluded from the figures in the table.

African American beneficiaries' preferences are very similar to the general beneficiary population. For both groups, rankings of communication modes across the six topics in the MCBS were almost identical:

- Both groups overwhelmingly prefer to receive information in-person,
- The second most preferred method is printed materials such as brochures and pamphlets, and
- Calling a toll-free number was the third most frequently cited preferred communication mode.

Interactive Communication Tools

In-person Contact. Very similar to the general Medicare population, the greatest percentage of African Americans prefers to obtain Medicare- and health-related information in person. Furthermore, except for information on locating a doctor, African American beneficiaries were even more likely to want information disseminated through in-person formats compared with Medicare beneficiaries in general (Table 5.1).[5] Focus group discussions with elderly African Americans confirmed this finding**.** As noted in Chapter Four, a challenge for HCFA will be identifying those community organizations that can effectively serve as conduits for in-person information.

Telephone Communication. Telephone communication, which is also a form of interpersonal contact, was preferred by approximately the same percentages of African American beneficiaries and beneficiaries in general across the six MCBS topics (Table 5.1). Except for information on staying healthy, between 15 percent and 25 percent of both groups preferred this communication mode.

Similar to the general Medicare population, many African American focus group participants reported dissatisfaction with automated telephone systems. Specific complaints about automated systems were similar to those mentioned in the general Medicare beneficiary focus groups: option lists are too long and categories provided do not match the caller's problem. For the most part, participants agreed that they would rather speak with a human, even if it meant waiting on the line a little longer.

> Participant: "I'd rather wait and then I'm talking to the person."
> Participant: "Yeah, I don't want to talk to those numbers."
> Participant: "You know, I like to talk to people. Talk to me."
>
> -- *African American Focus Group Participants*

Non-Interactive Communication Tools

Print Materials. As indicated in Table 5.1, between one-fifth and one-fourth of both African American beneficiaries and beneficiaries in general prefers to receive information on Medicare- and health-related topics via pamphlets or brochures (as a support for and addition to face-to-face encounters), although a somewhat smaller percentage of the former group prefers this mode. Many African American focus group participants also reported relying on newspapers

[5] The market research also found that a greater percentage of dual eligible beneficiaries and those with poor literacy skills preferred one-on-one, in-person communication compared with the general Medicare population.

and magazines for information. There were mixed attitudes about whether these sources should be trusted, however. Participants noted that newspapers and magazines do not always publish accurate information, and they may sensationalize disease rates among African Americans.

> Moderator: "What kind of media would you prefer to get your information?"
> Participant: "Written."
> Participant: "Yes."
> Participant: "Mail, written."
> Participant: "I prefer if it's coming from an agency to have it in writing."
> Participant: "You have time to read it. You can go back and read it."
> Participant: "You can refer back to it if you want."
> Participant: "If you read it you understand it more than if it's coming from your television."
>
> -- *African American Focus Group Participants*

Similar to the general Medicare population, African American focus group participants generally agreed that they prefer to receive information in the form of mailed written notices. Often, this was for the same reason they liked the Medicare Handbook – they can refer to written information as they need to. One participant prefers mailed notices because other people can read them for her.

Radio and Television. The general attitude of African American focus group participants about radio and television was somewhat negative (like beneficiaries in general). **The inventory research noted that mass media can be particularly ineffective for elderly African Americans.** For instance, older African Americans may not respond to messages that are targeted to the majority population, or they may feel alienated by stereotypes of minorities in the media. This may account for the lower percentages of African Americans who prefer to receive information through the media compared with beneficiaries in general, especially for information on staying healthy. However, **the inventory research also indicated that African Americans are more likely to be receptive to information communicated through radio and TV programs that are oriented toward them** than they are to other media such as mass mailings or general broadcasts.

> "Well, you have to be very selective and listen very carefully to information from TV and radio. They do give you the sources, you know, like sometimes you wonder where can I get this information from?"
>
> -- *African American Focus Group Participant*

> The National Cancer Institute launched a community-based health education project in Forsyth County, NC, to increase cervical cancer screenings among African American women. Death rates in this community among non-White women were 4 to 6 times higher than among White women. The project targeted church attendees, patients in waiting rooms of public and other selected health providers, female students at local colleges, shoppers, radio and television viewers, newspaper readers, and business owners and managers. Television and radio media messages were found to be more effective than newspaper coverage in increasing awareness of the program (Dignan, et al., 1991).
>
> -- *Inventory Report*

Videos. **Like the general Medicare population, very few African American beneficiaries want to receive information through videos** (Table 5.1). Several African American focus group participants reported using videotapes to obtain information about health and medical issues, however. For the most part, participants seemed pleased with the information and the medium's flexibility.

> Moderator: "Is there anything that's particularly good about getting information from a video?"
> Participant: "Well, you can use it in your own place and time, and you have access to it so you can use it when you want it and you have the time to understand what they're talking about so I like that aspect."
>
> -- *African American Focus Group Participant*

Like other communication tools, videos can be effective when they use culturally-sensitive formats and messages. An example of a health campaign designed to reach inner-city African American men used a culturally-targeted video that provided information about sexually transmitted diseases (STDs). The video sought to educate the men about STDs, and encouraged them to return to the health clinic for a follow-up test-of-cure. This communication method was successful in both informing participants and promoting follow-up care. Men randomly assigned to a control clinic received written materials instead of the video and scored significantly lower on a knowledge test. Control group scores depended upon the men's educational attainment. Patients who saw the video, however, acquired an equivalent high level of factual knowledge, regardless of educational background (Solomon and DeJong, 1988).

Computers and the Internet. Also similar to the general Medicare population, **very few African American beneficiaries prefer to use the Internet to obtain information about the Medicare program** (Table 5.1). African American focus group participants were wary of using a computer. Their reasons included privacy, cost, and ease of use. Participants mentioned concerns about overall computer security, and several beneficiaries did not like the idea of going to a public place to access computerized information about their health or their Medicare accounts. This may be related to a finding from the inventory research that African Americans are particularly likely to view their health as a private matter that is embarrassing or difficult to discuss, even with health care professionals. Despite these reservations, a small but noticeable number of participants wanted to try using computers for the purposes described, and some even pointed out the advantages of such a system.

> Moderator: "What about if you were on a computer and you just wanted information about your own personal claims?"
> Participant: "That leaves the door open for other people to pick up information on you so your privacy is gone."
>
> -- *African American Focus Group Participant*

Implications for HCFA

- HCFA can take advantage of African American beneficiaries' strong preference for obtaining information in-person by increasing their partnerships with, and providing more Medicare information to, organizations in African American communities. The African American community has developed an extensive support network, at both the national and local levels, that comprise active individuals who have the interests of the community in mind, and who best understand its needs. In may require time and experience to determine which community organizations are most effective in this role.

- Person-to-person communication can also be achieved via toll-free telephone lines. The summary report of market research findings for the general beneficiary population provided suggestions for making telephone communications more effective for beneficiaries:
  - Reduce length of time spent waiting for in-person service and provide information on the length of wait, e.g. two or three minutes, with suggested call back times when service may be better;
  - Use a single toll-free number for all Medicare information;
  - Limit the number of automated telephone menus and options under each menu (five is a suggested maximum); and
  - Strengthen partnerships with other sources of information, e.g., Social Security Administration telephone service and offices were cited as examples of good service.

- HCFA can also provide interactive opportunities through some traditionally non-interactive media such as radio, for instance, through hosting radio call-in shows. Moreover, radio talks shows are often good vehicles for closely targeting audiences. There are numerous examples of radio talk shows that are oriented to issues important to African Americans.

- Perhaps as important as the mode of communication used, an important issue for HCFA in designing communication strategies to reach African Americans is to present information within their frame of reference. The health research literature details the key elements for developing culturally-relevant educational materials for African Americans (and other minority groups), which include:
  - Leadership by an African American,
  - Use of the target audience as primary evaluators of the proposed materials,
  - Development of the topic around a central relevant theme, and
  - Inclusion of linguistic patterns appropriate to the population sub-group.

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